

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/914686**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		1				
12			1			
13				1		
14					1	
15						1
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17			1			
18				1		
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47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			8			
TOTAL CLAIMS			10			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS